R E P O R T R E S U M E S

ED 017 430 RE 001 157

INDIVIDUALIZED PROGRAMMING FOR CHILDREN WITH LEARNING DISABILITIES AS DETERMINED BY SCREENING, IDENTIFICATION AND DIFFERENTIAL DIAGNOSIS.

BY- HANTMAN, DOROTHY

PUB DATE 1 FEB 68

EDRS PRICE MF-$0.25 HC-$0.52 11P.

DESCRIPTORS- *PROGRAMED TUTORING, *CLINICAL DIAGNOSIS, *ACADEMIC ACHIEVEMENT, UNDER ACHIEVERS, SPECIAL EDUCATION, LEARNING DIFFICULTIES, DIAGNOSTIC TESTS, DISTRICT 73 1/2, BOSTON, MASSACHUSETTS,

A LEARNING DISABILITY PROGRAM WAS INTEGRATED WITH A TOTAL DISTRICT EFFORT TO MEET THE NEED FOR TUTORIAL SERVICES AMONG CHILDREN WITH EXCEPTIONAL DYSFUNCTIONS. THROUGH DIFFERENTIAL DIAGNOSIS AND CONTINUOUS INTERCHANGE OF INFORMATION AMONG THE SCHOOL PERSONNEL, THE RIGHT TEACHERS FOR SPECIFIC PUPIL DIFFICULTIES WERE CHOSEN. CUMULATIVE RECORDS AND THE CONTINUOUS DIAGNOSIS OF EACH CASE INSURED A PROFITABLE TUTORIAL AND SMALL-GROUP PROCEDURE. THERAPY WAS BASED UPON INDIVIDUAL DYSFUNCTIONS IN ACADEMIC AREAS. INSERVICE CONTACTS AND THE TRAINING OF TUTORS LED TO AN IMPROVED PROGRAM WHICH WAS AN INTEGRAL PART OF THE CHILD'S TOTAL ACADEMIC GROWTH. THIS PAPER WAS PRESENTED AT THE FIFTH ANNUAL CONFERENCE OF THE ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES (BOSTON, FEBRUARY 1968). (NC)

ED017430

HANTMAN, DOROTHY ——ASSN. FOR CHILDREN WITH LEARNING DISABILITIES

INDIVIDUALIZED PROGRAMMING FOR CHILDREN WITH LEARNING DISABILITIES AS DETERMINED BY SCREENING, IDENTIFICATION AND DIFFERENTIAL DIAGNOSIS. BOSTON FEB. 1'68

In the fall of 1963 there were nine children in District 73½ who had been identified as having learning disabilities, and who had been assigned to receive special help through special education. I was hired to tutor four of the nine children, in addition to three in a neighboring district. The other five in District 73½ were tutored by two part-time teachers. Academic placement of the children ranged from the fourth through eighth grades.

The only regulation in the program was that each child was to be tutored approximately one hour of each school day. There was no suggested curriculum; there was no precedent regarding groupings, focus of remediation, materials and supplies. There were no guidelines for goals or measures of progress.

To help understand the direction that this loosely defined program took, I think it's important to include a few facts about my background. I had just finished my training under Dr. Myklebust and Doris Johnson at Northwestern and had been certified as a teacher of children with learning disabilities. My undergraduate work had not been in education; I had never taught school; I was completely naive regarding school policies, procedures and administration.

So, as I sat in that more or less isolated little room with a single child thinking of both daily therapy and long range planning for him, I was, of course, completely child directed. I thought in terms of how the school would satisfy this child's needs. This is very different from the kind of program that might develop when a school sets up a framework with, for example, a classroom that is available full time -- an experienced teacher who is knowledgable about curriculum and school procedures and who has been drawn into special education -- and then assigns the children who seem to be the most appropriate candidates for this setting.

This self contained arrangement oft

needs of a school because the hyperactive an

RE 001 157

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

often the first to be identified. He is the one from whom the teacher and the rest of the class often need immediate relief. Although the long range goal of the self contained room might be to enable the child to handle himself more effectively in a regular academic setting, the first focus is likely to be less academic and more therapeutic in terms of self management.

When we started in 73½ we had only one learning disabled child whose behavior was so bizarre that he had to be excluded from the regular classrooms. For our others, the one hour tutoring program seemed appropriate.

But the one hour a day became not merely one hour. The judgements that had to be made regarding the individual tutoring proved to be numerous and ongoing.

1. Was one hour actually appropriate and during what part of the school day should that hour be scheduled?
2. Was one to one always more desirable than small groups?
3. What should the focus of the hour be?
4. What should be the extent of parent involvement?
5. How could communication with classroom teachers prove helpful for the teacher and child, rather than adding extra responsibility to the teacher's load?
6. How could tutors share ideas and materials with each other in a most effective and organized way?

During that first year of the program these and other questions made it clear that the tutoring time spent with the children could not be considered in a vacuum. This seems to be particularly important for a child handicapped with a learning disability-for he may be significant under-achiever in one or more academic areas -- but, depending upon the kind and the degree of the disability -- he may not be a handicapped child all day long.

Dr. McCracken, too, was seeing the need for viewing the program on a broader basis. The second year he employed me full time for 73½ and set some additional

guidelines: he wanted the learning disability program to be an integral part of the district, rather than an isolated tutorial setup.

So during that second year, growth began to occur in many directions. In number, the children identified and fed into the program reached about twenty. Those of us teaching the children felt a need to share materials and ideas with each other. Too, we felt a need to seek out much information from other school personnel. In fact, to answer all of our questions about each child and plan more comprehensively we found that three areas really needed to be considered in great depth.

First, the learning processes of each child. We needed more detailed information about the dysfunctions that seemed to be the primary cause of his learning disability. Although detailed, this information would be a narrow view of the child as just a learning organism. So-secondly, we needed a broader picture of how the child was presently functioning as a total child -- in the classroom, on the playground, at home, -- a complete more horizontal view than our one hour site gave us. Thirdly, we needed a more complete longitudinal view of the child. On a developmental basis -- how had he been physically, emotionally, and academically?

As I describe the specifics of our program a few minutes from now, I think it will illustrate just how essential all of this information is. A meaningful tutorial program is truly very dependent upon a continuing exchange of information between the special teachers, the school social worker, guidance counselor, parents, outside agencies, school psychologist, classroom teachers, and administration.

I thought perhaps the best way for me to describe our program would be to anticipate questions you might have and to answer them. I hope I have touched on the areas that are of interest to you.

The first question facing us -- and I think facing most districts -- was not "How will we find the children?" but "How will we find qualified teachers to teach them?" To relieve the overwhelming pressure for teachers in Illinois, the Department of Special Education offered approval to certified teachers who had taken, or were in the process of taking, five specified courses.

These people became our major source of manpower. They were, for the most part, certified teachers -- now housewifes -- who did not want to commit themselves to full time teaching. They were interested in special education, even willing to take courses while they were tutoring part time. But I think they would be the first to admit that a special interest and one, two, or even five courses do not equip one to really analyze the specific problems and special needs of a special child.

But, when a well ordered framework is set up for each child, a good tutor can develop her own style for executing it. From our experience, she does not resent this but is actually anxious for direction so she can feel that her efforts are purposeful. Before a child is fed into the program, then, there is a great amount of preparatory work done.

We must first decide when should the child be tutored?

In general, we do not remove the child from the classes in which he is having the most success; we do remove him from the area where he is profiting the least. The cumulative folder may seem to give a clear picture of a child's academic strengths and weaknesses -- but other sources of information should not be overlooked. A current teacher may have a different view. It is not unusual to find variability from year to year in the child's academic strengths and weaknesses. It is certainly understandable that with the variation in classroom

structure and teaching methods between teachers, one might see a variation in the child's ability to profit in some areas.

Although the morning is probably prime time for all children, the younger ones do seem to wear down earlier in the day than the older ones. If it is possible, then, we try to schedule the younger children in the morning and the older ones in the afternoon.

Another source to consider in scheduling is the child himself. His attitude toward tutoring is not a minor concern. Certainly his feelings should be taken into consideration.

In passing, I would like to mention that even health histories should not be overlooked. We have a fourth grade boy now, for example, who is having virtually no success in math. Although his math class is in the early afternoon and a fourth grader could normally profit from tutoring at that time, he has frequent petit mals in the afternoon so that afternoon tutoring wouldn't make good sense. It would be an additional strain on him and we certainly couldn't hope to accomplish as much as we might in the morning.

Question #3 -- <u>What is the focus of therapy? How do I arrive at the framework or schedule for each child and how is it executed?</u>

First, we really have a two-fold focus. We try to keep a balance between -- on one hand -- academic areas in which a child is not achieving appropriately, and -- on the other hand -- the disabilities or dysfunctions which seem to have prevented him from profiting from his classroom experience. I spend from one half to one full day with each child, assessing these processes or functions which are assumed to be necessary for normal learning: these include a variety of auditory processes, visual processes, the ability to transduce from the auditory to the visual, and from the visual to the auditory. Also, assumed to be important are certain kinds of motor functioning, and the ability to integrate the motor with the visual and the motor with the auditory; I also consider orientations in time and space.

Then, I look for measures of achievement in learned areas of language: comprehension of the spoken word (auditory receptive), use of the spoken word (auditory expressive), comprehension of the printed word (reading), use of the printed word (writing), and the ability to understand and manipulate the world quantitatively (math). I also try to assess the child's ability to understand the nonverbal world -- the social world around him -- his ability to understand and demonstrate social behavior learned from experience.

In addition to my diagnostic data, I use information from the psychologist, the speech therapist, the school social worker, the nurse, the guidance counselor, and the cumulative folder.

Now, with all this data, I try to fit all the pieces together and set up an individualized plan for remediation. Keeping our twofold focus in mind,

we program in some academic areas in which the child is markedly deficient. Here, of course, we try to utilize all of his strengths. Generally, the academics with which we specifically concern ourselves are the cumulative subjects, such as reading and math. Then, we plan for remediation of specific dysfunctions or processes. Here, if we can occasionally make use of classroom materials, we might be helping the child feel some immediate success. But, this can be a trap. It is too easy, in fact, to be excited by measurable gains and lose our long range view in therapy: that is -- our hope to improve areas of dysfunction so that the improvement will be reflected in the total academic functioning and achievement of the child. This is really the value of the tightly programmed framework that is individualized for each child. It attempts to keep a balance between short range and long range goals.

I spend two to three hours with each tutor on each child discussing all the data that has been collected -- and the rationale for the general lesson plans. At this point she is free to use her own ideas, ingenuity and creativity to carry out the general plan. But if she feels the need, we might discuss, in detail, methods and techniques, materials and supplies.

I do think that our actual physical setup makes creativity contagious. In general, tutoring rooms in all three buildings are clustered together. We share materials and equipment. One might think that this easy access to quantities of materials could discourage individual ingenuity, but we have found exactly the opposite. With few exceptions this somewhat intimate setup constantly triggers exchanges of ideas and stimulates creativity.

Question #4: <u>What further contact do I have with the tutors</u>?

Within a few weeks after tutoring has begun, I check back with the tutor, really for two reasons: first, to see if the strengths and weaknesses and needs of the child as she sees them now correlate with our evaluation. I like to see if our plan for remediation seems, in fact, to be appropriate. A second important

purpose is to clarify some of the things we may have discussed. This second time around fills in many holes and also affords the fun of relating some things she has now seen to all the generalities and rationale we discussed at our first meeting.

After that, ongoing contacts with a tutor range from two to three meetings a week, to one meeting every two to three weeks. This depends upon the experience of the tutor as well as the type and severity of the child's condition. Even when schedules seem to be fairly routine, I try to talk to each tutor every few weeks.

Also, I do receive copies of monthly reports that they write on each child. These are required by the Department of Special Education and even though they are brief, they help me keep in touch with the tutors, and evaluate the child's progress.

Question #5: <u>What additional help do the tutors receive</u>?

We have monthly meetings which are attented by the tutors from all three buildings. As most of them tutor in only one building, these meetings have been organized in a variety of ways, I think the most helpful have been when we plan to cover a topic -- either a specific dysfunction or an academic area. One or two people report briefly on an appropriate article or chapter -- and then each person there demonstrates something he or she has found helpful, relevant to this problem. It can be very exciting to see how the use of materials broadens when the rationale is understood.

Question #6: <u>How much communication is there between our special department and other school personel</u>?

Before school begins in the fall, every teacher and administrator involved with each child in our program receives a written report on the child. These reports are written at the end of the preceding school year so that they are as current as possible. They cover the following information: general

disability, academic level of the child, realistic expectations in the classroom, and goals of therapy. From then on, continuous communication is an important part of the program.

Between the tutor and the regular teacher it serves several purposes:

(1) It offers to the tutor a relative evaluation of the special child so that she doesn't lose her perspective. It's very easy to lose sight of "normal".

(2) It offers reassurance to the classroom teacher who often feels very helpless and frustrated.

(3) It offers the opportunity for the teachers, together, to try to work out acceptable solutions to the many problems that arise when the special child cannot function with the rest of the classroom.

(4) It makes our special service part of a comprehensive plan for the child -- not an isolated part of his day. And I think this is really one of the big bonuses of working with learning disabled children in their school setting.

Ongoing communication between the school social worker and me has proven vital. We try to meet at least once a week. Information from her parent conferences, her contacts with outside agencies, doctors, and therapists -- her contacts with the children and classroom teachers as well as her opinions on many problems, are all valuable and essential for me to maintain a total view of the children in the program.

As for ongoing communication with administration, -- specific problems are discussed with the principals in each building as they arise -- and, of course, the principals are informed of our general organization and plans.

I talk to Dr. McCracken at least once or twice most weeks. He is involved with all major decisions and informed of all minor ones.

It seems that all of this communication has paid dividends in developing a program that is an integral part of the child's total academic growth.

Question #7: How much contact do we have with the parents?

With all parents there is the routine conference which interprets the results of our team study. Then there is a routine letter sent to the parents notifying them of the approximate date that tutoring is to begin. This letter also states that if they have any questions they should feel free to contact me.

From this point on, my contact with parents is not routine. In general, I let the parent direct the frequency and the nature of the conferences. Many parents in our area are very knowledgable. Conferences with these parents are likely to involve a rather detailed discussion of their child's specific disabilities. On the other hand, some parents see me two or three times and still have difficulty grasping the general concept of what a learning disability is. I do think that with all levels of parents, the most worthwhile time is that time spent on guidelines for realistic goals at home. They would like to know with what kinds of things their child might have very real difficulties, and what kinds of things they can feel justified in expecting the child to do.

The balance between unrealistic demands and over-protectiveness is a hard one to establish so that discussions relating to these kinds of things often make it more comfortable for a parent to react to his child. It is in this area, therefore, that most parents choose to spend time with me.

There are times when we initiate a parent conference. If a special problem has arisen, we might find it necessary to call a parent in. Another occasion might be when it is appropriate for them to have a progress report. In general, understanding and cooperative parents seem to play a vital part in the progress of the children so parent conferences should be considered a part of the total program.

Question #8: What method do we have for evaluating our program?

At the end of each school year we are required by the Department of Special Education to have staffings on each child in the program. These staffings

include an administrator, the township psychologist, one or more classroom teachers, the tutor, me, and any of the following who have been involved: school social worker, guidance counselor, speech therapist, nurse, remedial reading teacher, and outside psychotherapist. We spend about an hour on each child and try to determine whether or not the special program seems to be helping the child -- and whether or not we should continue the following year. It would be easy if there were definite guidelines or measures, but there are not. There is no standardized measure of attention span or hyperactivity or social perception. Sometimes we have put a child in our plus column just because he didn't slide father backwards. Then, sometimes we're truly disappointed in the progress of a child -- but we know of nothing available that is more appropriate so he remains in the program.

There are times when we can use standardized tests to see whether or not the gap is closing between potential and achievement.

We have had some children where success was clearly measurable. They were picked up as significant underachievers, diagnosed as learning disabilities, tutored, and showed steady gains over a period of two or three years. When their regular classroom achievement seemed to be in line with their potential, we crossed our fingers and phased them out of the program.

But, to be realistic, there are many times when our evaluations cannot be this clear cut, and decisions are based on subjective judgments.

I cannot give you, then, a quantified picture of the results of our program, for I wouldn't know how to score success. I think, though, that Dr. McCracken could evaluate the general picture of whether or not these significant underachievers, as a group, are <u>now</u> profiting more appropriately from their school experience.